

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

Monthly Monitoring &  
Submittal  
2<sup>nd</sup> Modification

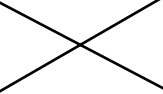
NOTE: Read instructions before completing this form.

NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

<b>WA0040932</b>
<b>PERMIT NUMBER</b>

<b>001- Discharge to Columbia River</b>
<b>DISCHARGE NUMBER</b>

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT	Report	Report	MGD					N/A	Continuous	Recorded	
pH	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT				6		9	s.u.	0	Continuous	Recorded	
Temperature	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					N/A	40	°C	0	Continuous	Recorded	
Total Combined Halogens	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					0.104	0.152	mg/L	0	01/30	Grab	
Ammonia	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					76	111	µg/L	0	01/30	Grab	
Chromium, Total	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					200	200	µg/L	0	01/30	24HC	
Chromium (VI)	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					82	120	µg/L	0	01/30	24HC	
Copper, Total	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					51	74	µg/L	0	01/30	24HC	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE			DATE			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

Monthly Monitoring &  
Submittal  
2<sup>nd</sup> Modification

NOTE: Read instructions before completing this form.

NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

<b>WA0040932</b>
<b>PERMIT NUMBER</b>

<b>001- Discharge to Columbia River</b>
<b>DISCHARGE NUMBER</b>

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Zinc, Total	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						407	594	µg/L	0	01/30	24HC
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
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	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)	TELEPHONE	DATE			
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

Quarterly Monitoring &  
Submittal

2<sup>nd</sup> Modification

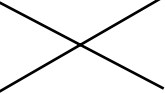
NOTE: Read instructions before completing this form.

NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

<b>WA0040932</b>
PERMIT NUMBER

<b>001- Discharge to Columbia River</b>
DISCHARGE NUMBER

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Polychlorinated Biphenyl Compounds	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					0	0	µg/L	0	01/90	Grab	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
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	PERMIT REQUIREMENT											
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TYPED OR PRINTED												
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY		

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Monthly Monitoring &  
Submittal

2<sup>nd</sup> Modification

NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

**WA0040932**  
PERMIT NUMBER

**003 – Shillapoo Lake**  
DISCHARGE NUMBER

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS							
Flow	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT	Report	Report	MGD					N/A	Continuous	Recorded				
pH	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT				6		9	s.u.	0	Continuous	Recorded				
Temperature	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT						22	°C	N/A	Continuous	Recorded				
Total Combined Halogens, Total Residual	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT					0.012	0.018	mg/L	0	01/30	Grab				
Ammonia	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT					2	3	µg/L	0	01/30	Grab				
Chromium, Total	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT					10	15	µg/L	0	01/30	24HC				
Copper, Total	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT					8	11	µg/L	0	01/30	24HC				
Zinc, Total	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT					52	76	µg/L	0	01/30	24HC				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE			DATE						
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	YEAR	MO	DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Quarterly Monitoring &  
Submittal

2<sup>nd</sup> Modification

NOTE: Read instructions before completing  
this form.

NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

**WA0040932**  
PERMIT NUMBER

**003 – Shillapoo Lake**  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		QUALITY OR CONCENTRATION (54-61)			NO. EX.	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE	EPA Method
		AVERAGE	MAXIMUM	UNITS				
Polychlorinated Biphenyl Compounds	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT	Non-Detect	Non-Detect	µg/L	0	01/90	GRAB	EPA Method 608
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)	TELEPHONE		DATE		
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

Monthly Monitoring &  
Submittal  
2<sup>nd</sup> Modification

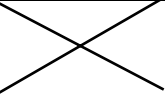
NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

<b>WA0040932</b>
<b>PERMIT NUMBER</b>

<b>Cooling Tower Blowdown</b>
<b>DISCHARGE NUMBER</b>

NOTE: Read instructions before completing this form.

MONITORING PERIOD								
YEAR		MO	DAY	TO	YEAR		MO	DAY
			01					
(20-21)		(22-23)	(24-25)		(26-27)		(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
Total Combined Halogens	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					0.2	0.5	mg/L	0	01/30	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)	TELEPHONE		DATE		
		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

Once Per Permit Cycle  
Monitoring & Submittal  
2<sup>nd</sup> Modification

NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

<b>WA0040932</b>
<b>PERMIT NUMBER</b>

<b>CTB - Cooling Tower Blowdown</b>
<b>DISCHARGE NUMBER</b>

NOTE: Read instructions before completing this form.

MONITORING PERIOD								
FROM		YEAR	MO	DAY	TO	YEAR	MO	DAY
				01				
		(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER <div>(32-37)</div>	<div></div>	<div>(3 Card Only)</div> <div>(46-53)</div>	QUANTITY OR LOADING <div>(54-61)</div>			<div>(4 Card Only)</div> <div>(38-45)</div>	QUALITY OR CONCENTRATION <div>(46-53)</div> <div>(54-61)</div>			NO. EX. <div>(62-63)</div>	FREQUENCY OF ANALYSIS <div>(64-68)</div>	SAMPLE TYPE <div>(69-70)</div>
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Chromium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					0.2	0.2	mg/L	0	1/Permit Cycle	Grab	
Zinc	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					1.0	1.0	mg/L	0	1/Permit Cycle	Grab	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
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	SAMPLE MEASUREMENT											
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	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)	TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

Monthly Monitoring &  
Submittal  
2<sup>nd</sup> Modification

NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

<b>WA0040932</b>
<b>PERMIT NUMBER</b>

<b>Low Volume Waste</b>
<b>DISCHARGE NUMBER</b>

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
		01				
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)	

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Total Suspended Solids	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT					30	100	mg/L	0	01/30
Oil & Grease	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT					15	20	mg/L	0	01/30
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)	TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

Monthly Monitoring &  
Submittal  
2<sup>nd</sup> Modification

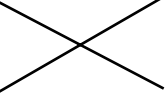
NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

<b>WA0040932</b>
<b>PERMIT NUMBER</b>

<b>002- Discharge to Ground</b>
<b>DISCHARGE NUMBER</b>

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
		01	TO			
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT	1.833	1.900	MGD					0	Continuous	Recorded	
pH	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT				6.5		8.5	s.u.	0	Continuous	Recorded	
Total Dissolved Solids	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					473	650	mg/L	0	01/30	Grab	
Nitrate	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/30	Grab	
Total Kjeldahl Nitrogen	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/30	Grab	
Chloride	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/30	Grab	
Sulfate	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/30	Grab	
Chromium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/30	Grab	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)						TELEPHONE		DATE		
TYPED OR PRINTED										SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

Monthly Monitoring &  
Submittal  
2 Modification

NOTE: Read instructions before  
completing this form.

NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

<b>WA0040932</b>
<b>PERMIT NUMBER</b>

<b>002 - Discharge to Ground</b>
<b>DISCHARGE NUMBER</b>

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY		YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Copper	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/30
Lead	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/30
Zinc	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/30
Phenolics	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/30
Total Nitrogen*	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/30
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE		DATE		
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

\* Total nitrogen is being defined, for this permit, as a sum of total kjeldahl nitrogen [TKN (as N)] and nitrate nitrogen[NO<sub>3</sub> (as N)]. No additional sample needs to be taken for the total nitrogen once waste water was sampled for TKN and NO<sub>3</sub>.

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Monthly Monitoring &  
Submittal  
2<sup>nd</sup> Modification

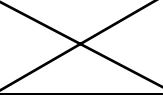
NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

<b>WA0040932</b>
<b>PERMIT NUMBER</b>

<b>004 - Discharge to Ground</b>
<b>DISCHARGE NUMBER</b>

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT	1.833	1.900	MGD					0	Continuous	Recorded	
pH	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT				6.5		8.5	s.u.	0	Continuous	Recorded	
Total Dissolved Solids	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					473	650	mg/L	0	01/30	Grab	
Nitrate	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/30	Grab	
Total Kjeldahl Nitrogen	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/30	Grab	
Chloride	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/30	Grab	
Sulfate	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/30	Grab	
Chromium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/30	Grab	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE			DATE			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Monthly Monitoring &  
Submittal  
2nd Modification

NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

<b>WA0040932</b>
<b>PERMIT NUMBER</b>

<b>004 - Discharge to Ground</b>
<b>DISCHARGE NUMBER</b>

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before  
completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Copper	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/30	Grab
Lead	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/30	Grab
Zinc	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/30	Grab
Phenolics	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/30	Grab
Total Nitrogen*	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/30	Grab
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)					TELEPHONE		DATE			
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

\* Total nitrogen is being defined, for this permit, as a sum of total kjeldahl nitrogen [TKN (as N)] and nitrate nitrogen[NO<sub>3</sub> (as N)]. No additional sample needs to be taken for the total nitrogen once waste water was sampled for TKN and NO<sub>3</sub>.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

Quarterly Monitoring & Submittal

NAME **Clark Public Utilities**  
 ADDRESS **1200 Fort Vancouver Way  
 Vancouver, WA 983668**  
 COUNTY **Clark**  
 FACILITY **River Road Generating Plant**  
 LOCATION **5201 NW Lower River Road  
 Vancouver, WA 98660**

<b>WA0040932</b>
<b>PERMIT NUMBER</b>

<b>GW-1</b>
<b>DISCHARGE NUMBER</b>

2nd Modification

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Ferrous Iron	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	Yes = 1 No = 0	N/A	01/90	Field MS
Iron, Total	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
pH	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					Report		Report	s.u.	N/A	01/90	Field MS
Conductivity	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	Micromho/cm	N/A	01/90	Grab
Total Coliform	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	CFU/100 ml	N/A	01/90	Grab
Water Level	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	Feet	N/A	01/90	Field MS
Temperature	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	°C	N/A	01/90	Field MS
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)					TELEPHONE			DATE		
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
<b>WA0040932</b>	<b>GW-1</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

Quarterly Monitoring &  
Submittal

2nd Modification

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Bicarbonate	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab
Carbonate	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab
Chloride	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Field MS
Fluoride	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab
Sulfate	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab
Total Dissolved Solids	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE		DATE			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

<b>WA0040932</b>
<b>PERMIT NUMBER</b>

<b>GW-1</b>
<b>DISCHARGE NUMBER</b>

**Quarterly Monitoring &  
Submittal**

**2nd Modification**

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
No <sub>3</sub> (as N)	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
TKN (as N)	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Calcium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Magnesium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Potassium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Sodium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Manganese	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)					TELEPHONE			DATE		
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

<b>WA0040932</b>
<b>PERMIT NUMBER</b>

<b>GW-1</b>
<b>DISCHARGE NUMBER</b>

**Quarterly Monitoring &  
Submittal  
2nd Modification**

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Chromium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Copper	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Zinc	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Lead	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Phosphate	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Silica	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Phenolics	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<p>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)</p>					TELEPHONE			DATE			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

Quarterly Monitoring &  
Submittal  
2nd Modification

NOTE: Read instructions before completing this form.

NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

<b>WA0040932</b>
<b>PERMIT NUMBER</b>

<b>GW-2</b>
<b>DISCHARGE NUMBER</b>

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX.	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Ferrous Iron	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	Yes = 1 No = 0	N/A	01/90	Field MS
Iron, Total	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	NA	01/90	Grab
pH	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					Report		Report	s.u.	N/A	01/90	Field MS
Conductivity	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	Micromho/cm	N/A	01/90	Grab
Total Coliform	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	CFU/100 ml	N/A	01/90	Grab
Water Level	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	Feet	N/A	01/90	Field MS
Temperature	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	°C	N/A	01/90	Field MS
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)					TELEPHONE		DATE			
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

<b>WA0040932</b>
<b>PERMIT NUMBER</b>

<b>GW-2</b>
<b>DISCHARGE NUMBER</b>

**Quarterly Monitoring &  
Submittal  
2nd Modification**

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Bicarbonate	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Carbonate	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Chloride	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Field MS
Fluoride	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Sulfate	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Total Dissolved Solids	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)					TELEPHONE		DATE			
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

Quarterly Monitoring &  
Submittal  
2nd Modification

NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

<b>WA0040932</b>
<b>PERMIT NUMBER</b>

<b>GW-2</b>
<b>DISCHARGE NUMBER</b>

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING			(4 Card Only) (38-45) QUALITY OR CONCENTRATION				NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
No <sub>3</sub> (as N)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab
TKN (as N)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab
Calcium	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab
Magnesium	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab
Potassium	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab
Sodium	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab
Manganese	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE		DATE			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

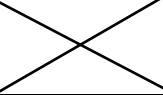
<b>WA0040932</b>
<b>PERMIT NUMBER</b>

<b>GW-2</b>
<b>DISCHARGE NUMBER</b>

**Quarterly Monitoring &  
Submittal  
2nd Modification**

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Chromium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Copper	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Zinc	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Lead	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Phosphate	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Silica	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Phenolics	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)					TELEPHONE			DATE		
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

Quarterly Monitoring &  
Submittal  
2nd Modification

NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

<b>WA0040932</b>
PERMIT NUMBER

<b>GW-3</b>
DISCHARGE NUMBER

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX.	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Ferrous Iron	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						Report	Yes = 1 No = 0	N/A	01/90
Iron, Total	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90
pH	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				Report		Report	s.u.	N/A	01/90
Conductivity	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						Report	Micromho/cm	N/A	01/90
Total Coliform	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						Report	CFU/100 ml	N/A	01/90
Water Level	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						Report	Feet	N/A	01/90
Temperature	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						Report	°C	N/A	01/90
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE		DATE		
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

Quarterly Monitoring & Submittal  
2nd Modification

NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

**WA0040932**  
PERMIT NUMBER

**GW-3**  
DISCHARGE NUMBER

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS							
Bicarbonate	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab				
Carbonate	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab				
Chloride	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab				
Dissolved Oxygen	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Field MS				
Fluoride	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab				
Sulfate	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab				
Total Dissolved Solids	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab				
No <sub>3</sub> (as N)	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE		DATE							
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY			

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

<b>WA0040932</b>
<b>PERMIT NUMBER</b>

<b>GW-3</b>
<b>DISCHARGE NUMBER</b>

Quarterly Monitoring &  
Submittal

2nd Modification

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
		01	TO			
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TKN (as N)	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Total Nitrogen*	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Calcium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Magnesium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Potassium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Sodium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Manganese	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)					TELEPHONE			DATE			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

\*Total nitrogen is being defined, for this permit, as a sum of total kjeldahl nitrogen [TKN (as N)] and nitrate nitrogen[NO<sub>3</sub> (as N)]. No additional sample needs to be taken for the total nitrogen once waste water was sampled for TKN and NO<sub>3</sub>.

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NAME **Clark Public Utilities**  
 ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
 COUNTY **Clark**  
 FACILITY **River Road Generating Plant**  
 LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)**

(2-16)

(17-19)

<b>WA0040932</b>
<b>PERMIT NUMBER</b>

<b>GW-3</b>
<b>DISCHARGE NUMBER</b>

**Quarterly Monitoring &  
Submittal  
2<sup>nd</sup> Modification**

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Chromium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Copper	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Zinc	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Lead	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Phosphate	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Silica	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Phenolics	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)					TELEPHONE			DATE			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NAME **Clark Public Utilities**  
 ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
 COUNTY **Clark**  
 FACILITY **River Road Generating Plant**  
 LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

<b>WA0040932</b>
<b>PERMIT NUMBER</b>

<b>GW-4</b>
<b>DISCHARGE NUMBER</b>

**Quarterly Monitoring &  
Submittal**

**2nd Modification**

NOTE: Read instructions before completing this form.

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
		01			
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)		(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX.	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Ferrous Iron	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	Yes = 1 No = 0	N/A	01/90	Field MS
Iron, Total	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab
pH	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				Report		Report	s.u.	N/A	01/90	Field MS
Conductivity	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	Micromho/cm	N/A	01/90	Grab
Total Coliform	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	CFU/100 ml	N/A	01/90	Grab
Water Level	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	Feet	N/A	01/90	Field MS
Temperature	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	°C	N/A	01/90	Field MS
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)					TELEPHONE			DATE		
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

Quarterly Monitoring &  
Submittal

2nd Modification

NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

**WA0040932**  
PERMIT NUMBER

**GW-4**  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)						
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM									
Bicarbonate	SAMPLE MEASUREMENT															
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab					
Carbonate	SAMPLE MEASUREMENT															
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab					
Chloride	SAMPLE MEASUREMENT															
	PERMIT REQUIREMENT						250	mg/L	0	01/90	Grab					
Dissolved Oxygen	SAMPLE MEASUREMENT															
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Field MS					
Fluoride	SAMPLE MEASUREMENT															
	PERMIT REQUIREMENT						4	mg/L	0	01/90	Grab					
Sulfate	SAMPLE MEASUREMENT															
	PERMIT REQUIREMENT						250	mg/L	0	01/90	Grab					
Total Dissolved Solids	SAMPLE MEASUREMENT															
	PERMIT REQUIREMENT						438	mg/L	0	01/90	Grab					
No <sub>3</sub> (as N)	SAMPLE MEASUREMENT															
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE		DATE								
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY				
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)																

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
<b>WA0040932</b>	<b>GW-4</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

**Quarterly Monitoring &  
Submittal  
2nd Modification**

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TKN (as N)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab
Total Nitrogen*	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						10	mg/L	0	01/90	Grab
Calcium	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab
Magnesium	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab
Potassium	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab
Sodium	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab
Manganese	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE		DATE			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

\*Total nitrogen is being defined, for this permit, as a sum of total kjeldahl nitrogen [TKN (as N)] and nitrate nitrogen[NO<sub>3</sub> (as N)]. No additional sample needs to be taken for the total nitrogen once waste water was sampled for TKN and NO<sub>3</sub>.

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NAME **Clark Public Utilities**  
 ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
 COUNTY **Clark**  
 FACILITY **River Road Generating Plant**  
 LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

Quarterly Monitoring &  
Submittal

<b>WA0040932</b>
<b>PERMIT NUMBER</b>

<b>GW-4</b>
<b>DISCHARGE NUMBER</b>

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Chromium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							0.05	mg/L	0	01/90	Grab
Copper	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							1.0	mg/L	0	01/90	Grab
Zinc	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							5.0	mg/L	0	01/90	Grab
Lead	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							0.05	mg/L	0	01/90	Grab
Phosphate	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Silica	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Phenolics	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)					TELEPHONE		DATE			
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Quarterly Monitoring &

NAME **Clark Public Utilities**  
 ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
 COUNTY **Clark**  
 FACILITY **River Road Generating Plant**  
 LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

(2-16)  
**WA0040932**  
 PERMIT NUMBER

(17-19)  
**GW-5**  
 DISCHARGE NUMBER

**Submittal**  
**2nd Modification**

NOTE: Read instructions before completing this form.

**MONITORING PERIOD**

YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
<small>(20-21)</small>	<small>(22-23)</small>	<small>(24-25)</small>		<small>(26-27)</small>	<small>(28-29)</small>	<small>(30-31)</small>

PARAMETER <small>(32-37)</small>	X	<small>(3 Card Only)</small> <small>(46-53)</small>	QUANTITY OR LOADING <small>(54-61)</small>			<small>(4 Card Only)</small> <small>(38-45)</small>	QUALITY OR CONCENTRATION <small>(46-53) (54-61)</small>			NO. EX.	FREQUENCY OF ANALYSIS <small>(64-68)</small>	SAMPLE TYPE <small>(69-70)</small>
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Ferrous Iron	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						Report	Yes = 1 No = 0	N/A	01/90	Field MS	
Iron, Total	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab	
pH	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT				Report		Report	s.u.	N/A	01/90	Field MS	
Conductivity	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						Report	Micromho/cm	N/A	01/90	Grab	
Total Coliform	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						Report	CFU/100 ml	N/A	01/90	Grab	
Water Level	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						Report	Feet	N/A	01/90	Field MS	
Temperature	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						Report	°C	N/A	01/90	Field MS	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)					TELEPHONE			DATE		
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

Quarterly Monitoring & Submittal

NAME **Clark Public Utilities**  
 ADDRESS **1200 Fort Vancouver Way  
 Vancouver, WA 983668**  
 COUNTY **Clark**  
 FACILITY **River Road Generating Plant**  
 LOCATION **5201 NW Lower River Road  
 Vancouver, WA 98660**

**WA0040932**  
 PERMIT NUMBER

**GW-5**  
 DISCHARGE NUMBER

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS							
Bicarbonate	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT						Report	mg/L	N/A		01/90	Grab			
Carbonate	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT						Report	mg/L	N/A		01/90	Grab			
Chloride	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT						250	mg/L	0		01/90	Grab			
Dissolved Oxygen	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT						Report	mg/L	N/A		01/90	Field MS			
Fluoride	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT						4	mg/L	0		01/90	Grab			
Sulfate	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT						250	mg/L	0		01/90	Grab			
Total Dissolved Solids	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT						438	mg/L	0		01/90	Grab			
No <sub>3</sub> (as N)	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT						Report	mg/L	N/A		01/90	Grab			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE		DATE							
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY			

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

Quarterly Monitoring &  
Submittal  
2nd Modification

NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

**WA0040932**  
PERMIT NUMBER

**GW-5**  
DISCHARGE NUMBER

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)					
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS									
TKN (as N)	SAMPLE MEASUREMENT																
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab						
Total Nitrogen*	SAMPLE MEASUREMENT																
	PERMIT REQUIREMENT						10	mg/L	0	01/90	Grab						
Calcium	SAMPLE MEASUREMENT																
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab						
Magnesium	SAMPLE MEASUREMENT																
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab						
Potassium	SAMPLE MEASUREMENT																
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab						
Sodium	SAMPLE MEASUREMENT																
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab						
Manganese	SAMPLE MEASUREMENT																
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90	Grab						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE			DATE								
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	YEAR	MO	DAY				
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)																	

\*Total nitrogen is being defined, for this permit, as a sum of total kjeldahl nitrogen [TKN (as N)] and nitrate nitrogen[NO<sub>3</sub> (as N)]. No additional sample needs to be taken for the total nitrogen once waste water was sampled for TKN and NO<sub>3</sub>.

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NAME **Clark Public Utilities**  
 ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
 COUNTY **Clark**  
 FACILITY **River Road Generating Plant**  
 LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

<b>WA0040932</b>
<b>PERMIT NUMBER</b>

<b>GW-5</b>
<b>DISCHARGE NUMBER</b>

**Quarterly Monitoring &  
Submittal  
2nd Modification**

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Chromium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							0.05	mg/L	0	01/90	Grab
Copper	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							1.0	mg/L	0	01/90	Grab
Zinc	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							5.0	mg/L	0	01/90	Grab
Lead	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							0.05	mg/L	0	01/90	Grab
Phosphate	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Silica	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Phenolics	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)					TELEPHONE			DATE		
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NAME **Clark Public Utilities**  
 ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
 COUNTY **Clark**  
 FACILITY **River Road Generating Plant**  
 LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

<b>WA0040932</b>
<b>PERMIT NUMBER</b>

<b>GW-6</b>
<b>DISCHARGE NUMBER</b>

**Quarterly Monitoring &  
Submittal  
2nd Modification**

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX.	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Ferrous Iron	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						Report	Yes = 1 No = 0	N/A	01/90
Iron, Total	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/90
pH	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				Report		Report	s.u.	N/A	01/90
Conductivity	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						Report	Micromho/cm	N/A	01/90
Total Coliform	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						Report	CFU/100 ml	N/A	01/90
Water Level	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						Report	Feet	N/A	01/90
Temperature	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						Report	°C	N/A	01/90
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE		DATE		
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

Quarterly Monitoring &  
Submittal  
2nd Modification

NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

<b>WA0040932</b>
<b>PERMIT NUMBER</b>

<b>GW-6</b>
<b>DISCHARGE NUMBER</b>

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Bicarbonate	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Carbonate	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Chloride	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							250	mg/L	0	01/90	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Field MS
Fluoride	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							4	mg/L	0	01/90	Grab
Sulfate	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							250	mg/L	0	01/90	Grab
Total Dissolved Solids	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							438	mg/L	0	01/90	Grab
No <sub>3</sub> (as N)	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	n/a	01/90	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)					TELEPHONE			DATE			
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

Quarterly Monitoring &  
Submittal  
2nd Modification

NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
Vancouver, WA 983668**  
COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

**WA0040932**  
PERMIT NUMBER

**GW-6**  
DISCHARGE NUMBER

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TKN (as N)	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Total Nitrogen*	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							10	mg/L	0	01/90	Grab
Calcium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Magnesium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Potassium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Sodium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Manganese	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)					TELEPHONE			DATE			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

\*Total nitrogen is being defined, for this permit, as a sum of total kjeldahl nitrogen [TKN (as N)] and nitrate nitrogen[NO<sub>3</sub> (as N)]. No additional sample needs to be taken for the total nitrogen once waste water was sampled for TKN and NO<sub>3</sub>.

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NAME **Clark Public Utilities**  
ADDRESS **1200 Fort Vancouver Way  
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COUNTY **Clark**  
FACILITY **River Road Generating Plant**  
LOCATION **5201 NW Lower River Road  
Vancouver, WA 98660**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

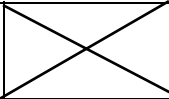
<b>WA0040932</b>
<b>PERMIT NUMBER</b>

<b>GW-6</b>
<b>DISCHARGE NUMBER</b>

**Quarterly Monitoring &  
Submittal  
2nd Modification**

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Chromium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							0.05	mg/L	0	01/90	Grab
Copper	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							1.0	mg/L	0	01/90	Grab
Zinc	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							5.0	mg/L	0	01/90	Grab
Lead	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							0.05	mg/L	0	01/90	Grab
Phosphate	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Silica	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
Phenolics	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	N/A	01/90	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)					TELEPHONE			DATE			
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)